

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet** FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT 10, Incl. among

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization) Check if this is a new name						
L Elect Edge For Indy						
2. Acronym or Abbreviated Name (if any)	3. Committee Tel	Committee Telephone Number				
	1	012-4	_			
4. Mailing Address (address where all campaign finance correspondence is received) Check if this is a new address						
17902 Willow Wind Circle						
5. City, State, ZIP Code	6. Party Affiliation	y Affiliation (if applicable)				
Indianapolis, IN46239	Dem	Semorrat				
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)					
7. Full Name of Candidate (include any nickname)	8. Party Affiliation	ty Affiliation or If Independent Candidate				
Edwin (Eddie) J. Barnes						
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County of Res	idence				
CCCD 18 (City Conty Can	al IY)arich				
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY			
11. Check one:		Check one:				
Pre-Primary Pre-Election X Annual Nomination Other		Pre-Con	vention			
Final/Disbands Committee (lines 18, 19, and 20 must be 10) Outgoing Treasurer (within 10 days amend Statement of Organization)			vention			
12. Reporting Period:	co	LUMN A	COLUMN B			
From: Jan. 1, 2016 Through: Dec. 31, 2016	Thi	s Period	Year to Date			
13. Cash on hand and investments at the beginning of this reporting period. (072, 7	8 67	ನ.78				
14 Cook on hand and investor and it			672.78			
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15s. Itemized (use Schedule A) 15b. Unitemized		$\bigcirc \circ \circ \bigcirc$	0.00			
45- 4340		$\bigcirc \cdot \circ \bigcirc$	00.00			
15c. Add lines 15a and 15b in both columns SUBTO	DTAL	0.00	0.00			
	OTAL	<u> </u>	0.00			
EXPENDITURES						
(Note: These amounts include in-kind expenditures and loan repayments.)						
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	100	5.00	605.00			
17b. Uniternized		0.00	0.00			
	OTAL (0.0)5·00	605.00			
	TOTAL	17.78	67.78			
19. Debts OWED BY the committee (use Schedule D)		00.00				
20. Debts OWED TO the committee (use Schedule E)		000				

	CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO T	THE BEST OF MY KNOWLEDGE AND BELIEF	IT IS TRUE, CORRECT AND COMPLETE.
Signature of Treasurer	Title	Date
Signature of Candidate (if applicable)	MONOW C	Date,
WARNING: Any information contained in this report may not be	copied for sale or used for any commercial pur	pose. (IC 3-9-4-5) A person who knowingly
files a fraudulent report commits a Class D felony. (IC 3-14-1- Campaign Finance Law commits a Class B misdemeanor, (IC 3-1		

FOR OFFICE USE ONLY

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Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER					
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
code Practicel Burkefor State House 1509 N. Eaten Ale. Indpls. IN 46219	Hate Rep	Notificity In-Kind Payment of Debt Returned Contribution Other Purpose:	50° <u>∞</u>	200c	5/24/16
Gode Briand Smith for Indiana 748 West 1075 North Lessburg, IN 416538	Hate Rep.	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	50°°	50°°	2/10/16
Code_Bernie Sanders 131 Church 87 Burlington, VT 05401	U.S. Senatur President	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	200°	Z00°0	2/9/16
Cool_ Glenda Ritz Ritz4 Education 3535 E. 9 lota91 + 104 Trdpls, IN 4 6240	SPI SPI	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:) 00°°	1000	2/26/16
code_Andre Carson re Carson for Carspless POBOX 1863 Indpls, 10 Indpls, 46206	U.S. Rep.	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	10000	10000	2/20/10
5407 E. Pleasantkin Prwy. S. Dr. Tradpls ID 46219		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Work - Cooch	20m	800	8/11/16
Committee to Elect Sara Wiley U340 Mack Farm L Indpls, IN 4623		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	Z5°°	£6°	10/19/16
TOTAL OF ALL PA	SUBTOTAL THIS PAG	LAST PAGE ONLY	\$ (005		
(Enter total on ITEM 17a of the Summary Sheet) \$ U05					